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2555 7590 04/04/2002

KREMBLAS, FOSTER, PHILLIPS & POLLOCK
7632 SLATE RIDGE BOULEVARD
REYNOLDSBURG, OH 43068

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Cheryl Gasaway

(Depositor's name)

Cheryl Gasaway

(Signature)

June 12, 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,993	01/17/2001	William P. Young	YOUNF 100	5738

TITLE OF INVENTION: LASER ONYCHECTOMY BY RESECTION OF THE REDUNDANT EPITHELIUM OF THE UNGUAL CREST

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
6	nonprovisional	YES	\$640	\$300	\$940	07/05/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
FARAH, AHMED M	3739	606-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jason H. Foster
2 Kremblas, Foster,
3 Phillips & Pollick

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3393 (enclose an extra copy of this form).

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(Authorized Signature) Jason H. Foster (Date)

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